

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | M.P. | | 6-28-01 |
| O.I.P.E. CLASSIFIER | K.V. | 32 | 7/20 |
| FORMALITY REVIEW | 2A | 1120 | 8-16-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | 0 |
| 6 | 0 |
| 7 | 0 |
| 8 | 0 |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | ✓ |
| 16 | ✓ |
| 17 | ✓ |
| 18 | ✓ |
| 19 | 0 |
| 20 | 0 |
| 21 | 0 |
| 22 | 0 |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | ✓ |
| 28 | ✓ |
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| 39 | ✓ |
| 40 | ✓ |
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| 43 | ✓ |
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| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

159
 10/1/8
 M.T.